

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039337

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 77

Primary Registration District No. 5302

Registrar's No. 8

FILED OCT 28 1963

VS 300
Rev. 4/59

1 0260

2 0260

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4 0

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9 5722

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12 90-2

13 30

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLARK TOWNSHIP</u>		c. CITY OR TOWN <u>EUGENE Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>R.F.D.</u>	
3. NAME OF DECEASED (Type or print) First <u>IRA</u> Middle <u>LEE</u> Last <u>DUNCAN</u>		4. DATE OF DEATH Month <u>OCT</u> Day <u>11</u> Year <u>1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT 9 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	
11a. FATHER'S NAME <u>SQUIRE DUNCAN</u>		11b. MOTHER'S MAIDEN NAME <u>ELLEN BASS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>MA661 DUNCAN</u>	
17. INFORMANT <u>EUGENE Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Spurged Atherosclerosis and</u> DUE TO (b) <u>Chronic Ulcerative Colitis</u> DUE TO (c) <u>3 yr</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)		20c. TIME OF INJURY Hour <u>10:30</u> a.m. <u>p.m.</u> Month, Day, Year <u>10-9-63</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1954</u> to <u>1963</u> and last saw him alive on <u>10-9-63</u> Death occurred at <u>10:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>M.E. Humphrey D.D.</u>	
22b. ADDRESS <u>Luscomb, Mo.</u>		22c. DATE SIGNED <u>10-16-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>OCT 14, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Hickory Hill Cem</u>		23d. LOCATION (City, town, or county) (State) <u>EUGENE Mo</u>	
24. FUNERAL DIRECTOR <u>Stiffers Funeral Serv</u>		25. DATE RECD. BY LOCAL REG. <u>22 October 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Theresa K. Richter</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed *George H. Steffen*

Licensed Embalmer No. 2307

P. O. Address Russellville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.